cases in the past five years and report them in *J. Neurol. Neursurg.* for June (p. 248). In this type of encephalitis there are widespread inflammatory changes together with severe and extensive neuronal necrosis, most pronounced in one temporal lobe. There may indeed be features of an acutely expanding lesion in a temporal lobe (Barnett *et al., Arch. Neurol.*, 6: 96, 1967). Because of diagnostic difficulties it is likely that many cases are not recognized, and in the present series there were initial diagnoses of cerebral abscess in three, tuberculous meningitis in two and malignant glioma in one. However, the last four were diagnosed during life because of the characteristic clinical picture supported by biopsy examination and/or virological investigation or CSF studies.

Patients were aged 14 to 64 and five were women; all had headache, mental confusion and high fever coming on within a few days. Five had a hemiplegia, four neck stiffness, and three epilepsy. All had raised protein content of the CSF and all but one a pleocytosis with normal sugar content. The ECG was of limited value, as was radiography. Brain biopsy through a burrhole gave a correct antemortem diagnosis in five cases, with isolation of *h. simplex* virus in one case and positive serological findings in two others. All but one of the patients died in a matter of weeks. The authors emphasize that possibilities for diagnosis during life exist, though very few cases in the literature have been diagnosed before postmortem examination.

Habitual Abortion as a Psychosomatic Complaint

Max Clyne, who is a psychiatrically oriented general practitioner living on the outskirts of London, thinks that habitual abortion should be considered as a psychosomatic disorder (*Practitioner*, July 1967, p. 83), following here in the footsteps of some others unsatisfied by purely somatic explanations for repeated failure to achieve successful pregnancy. He studied eight habitually aborting women in detail and tried to pinpoint the psychiatric features in these cases. The patients all described their mothers as cold and incapable of giving affection or understanding their children. Their earlier life had been one of emotional deprivation and rejection, and all were unsure of their feminine role. By trying to have a large family they were making a desperate effort to achieve the height of feminine aspiration but failed to do so. They described their husbands as big, powerful men whereas the latter were rather weak individuals, of low virility and resembling the ineffectual fathers the women had had. The pretence of having a strong masculine husband was kept up to enhance the image of a highly feminine person mated with a highly virile one. Moreover, these women had reacted to their own rejection in childhood by rejecting friends and being "independent" in spite of a periodic longing for dependency. The women, according to Clyne, were waging a battle between desire for pregnancy and rejection of their own child, of which the outcome was abortion.

The high success rates reported after treatment of habitual abortion by a wide variety of therapies—hormones, vitamins, diet, pelvic operations, temporary prohibition of coitus and psychotherapy—emphasize multiple causation with a common factor, which Clyne considers to be the intensive care given to the patient by a highly interested doctor. He thinks that it is very important for the doctor to establish a good relation with these women early in pregnancy and accept their need for dependency, which usually lasts up to about the 28th week. He is now picking out likely habitual aborters from study of their personalities and giving them intensive treatment with what seem to be gratifying results.

Doctor as Minister

It is a part of the English political system to believe that a man functions best as Minister of a state department if he knows nothing at all about the technical side of the problems involved. Thus ministers of agriculture are habitually non-farmers, our present transport minister cannot drive a car and almost none of our health ministers have been qualified physicians. This ignorance is supposed to keep the minister outside professional dissensions and give him objectivity, though it is a curious fact that industry usually recruits for its top men those who have spent their years in that field and that lawyers frequently find themselves in the political top jobs which involve the law.

Medical News speculates on this anomaly after the recent encounter of our Minister with the Soviet Minister of Health, Professor Petrovsky. The professor gives only a little of his time to the political scene, for he is a leading Moscow heart surgeon and director of the Research Institute of Clinical and Experimental Surgery. It is true that our man in Britain is the son of a doctor, but he must have been a little puzzled when the professor told him that he had operated on a case that day and used to correct several heart defects a day regularly. *Medical News* comments that although the responsibilities of the Minister of Health in Britain to the public are vital, it is more than ever essential that he be psychologically en rapport with the doctors. In the last resort only another doctor can fill the bill, they say, but one wonders whether this is always true in practice. At one time the German medical profession used to encourage and subsidize candidates from the profession who wanted to go into parliament, but there were some disappointments. Too often the doctor forgot that he was a doctor and became a super-politician, just as some wartime doctors became more military than the military. One has heard some medically qualified members of parliament in Britain make some pretty silly medical pronouncements in the House, come to think about it. What do Canadians think about this question?